

FIG. 1

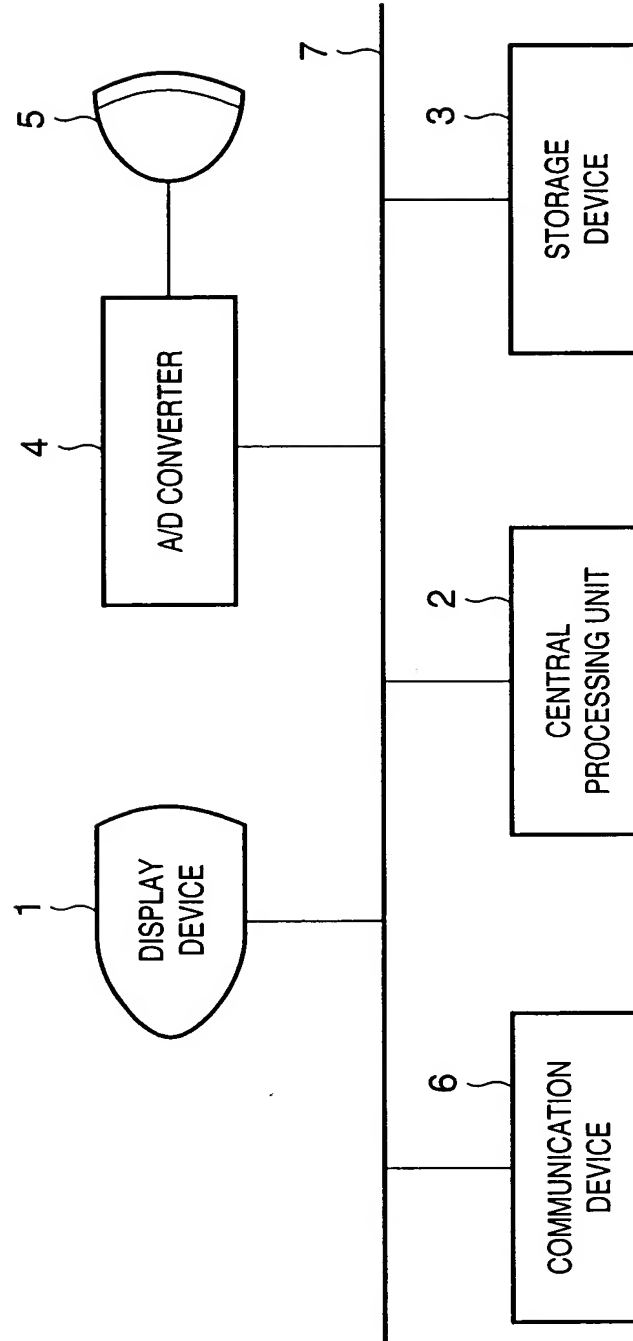


FIG. 2

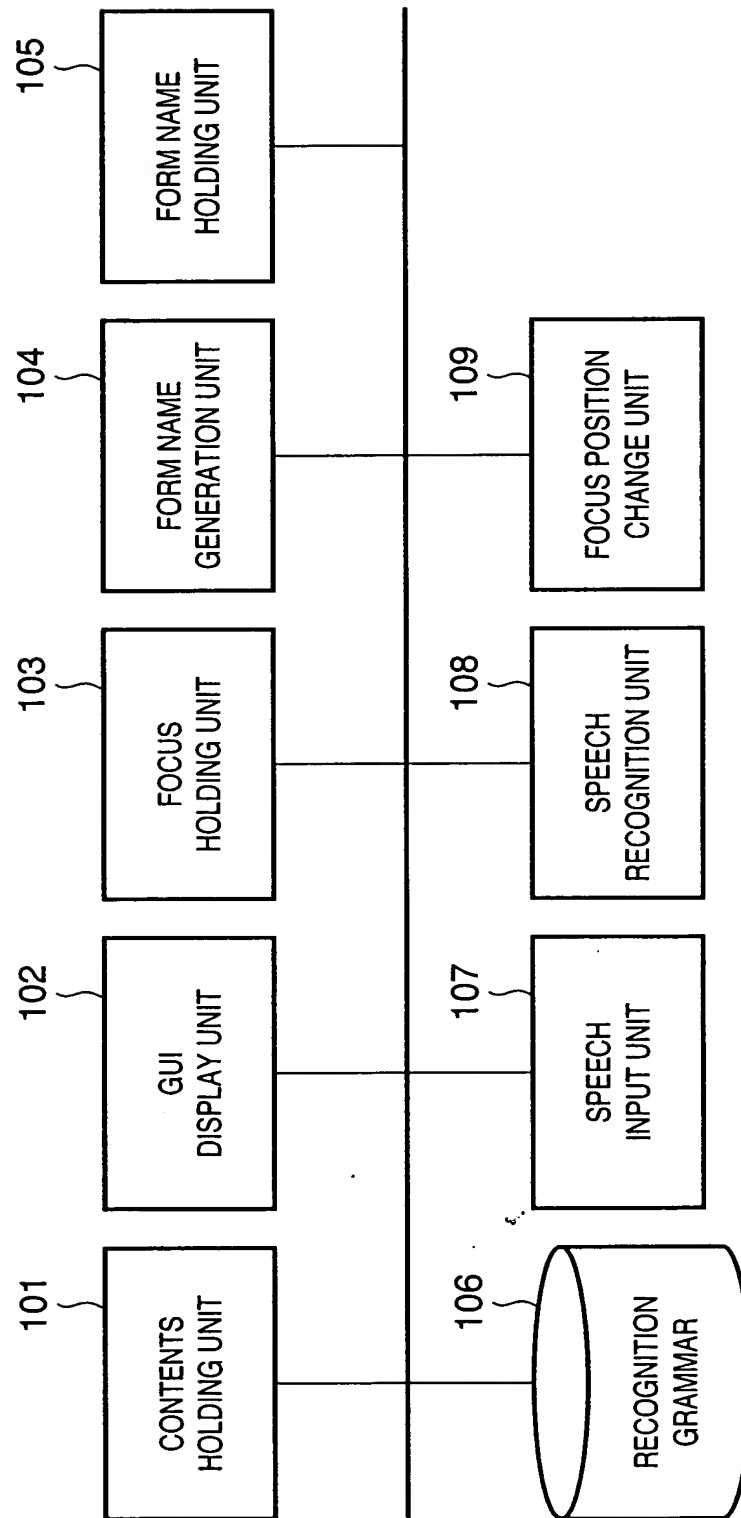


FIG. 3

INPUT FORM	PRONUNCIATION
ID NUMBER	ɑɪdɪːnʌmbə
NAME	neɪm
GENDER	dʒendə
HOME ADDRESS	həʊm ədres
TELEPHONE NUMBER	teləfoʊn nʌmbə
PORTABLE PHONE/PHS	pɔːtəbl fəʊn/pɪː eɪtʃ es
FAX	fæks
E-mail	iːmeɪl
OCCUPATION	əkjuːpeɪʃən
ORGANIZATION NAME	ɔːɡənɪzeɪʃən neɪm
AFFILIATION	əfɪlɪeɪʃən
POSITION	pəzɪʃən
ADDRESS	ədres

FIG. 4

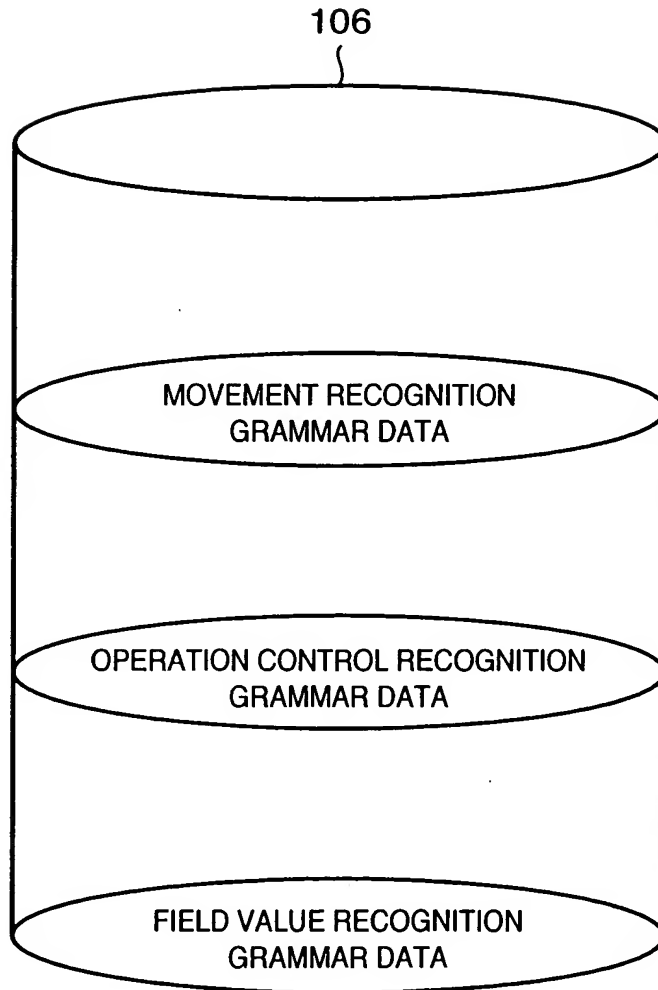


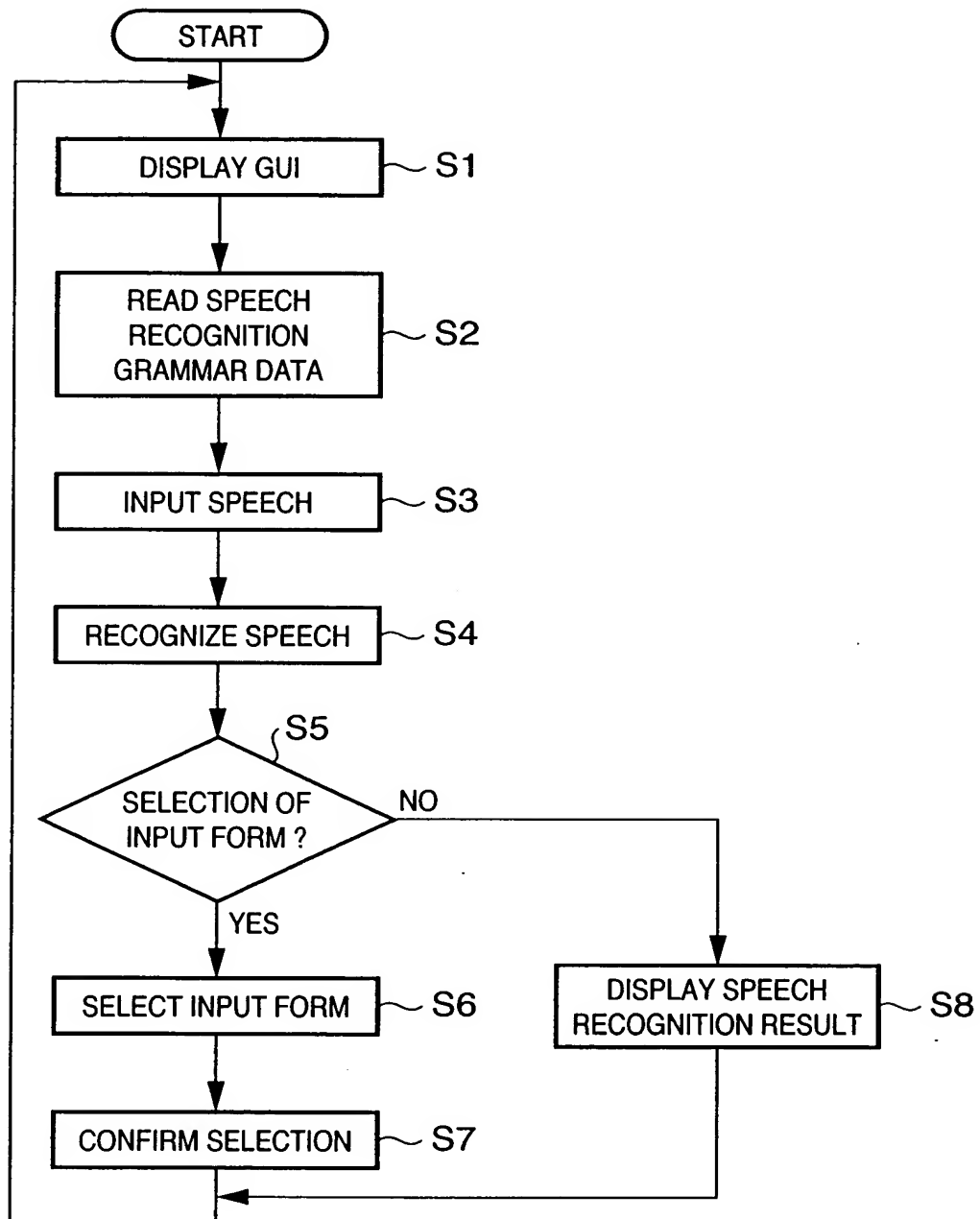
FIG. 5

FIG. 6

PERSONAL REGISTRATION DATA

ID NUMBER	<div style="border: 1px dashed black; height: 20px; width: 100%;"></div>	6		8	
NAME	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	7	<div style="display: flex; align-items: center; justify-content: space-between;"> GENDER MALE <input type="radio"/> FEMALE <input type="radio"/> </div>		
HOME ADDRESS	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
TELEPHONE NUMBER	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	10	PORTABLE PHONE/PHS		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
FAX	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	12	E-MAIL		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> OCCUPATION BUSINESS MAN <input type="radio"/> CIVIL SERVANT <input type="radio"/> HOUSE WIFE <input type="radio"/> STUDENT <input type="radio"/> OTHER <input type="radio"/> </div> <div style="text-align: center;">14</div> </div>					
ORGANIZATION NAME	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	15			
AFFILIATION	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	16	POSITION		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
ADDRESS	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>				
TELEPHONE NUMBER	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	19	PORTABLE PHONE/PHS		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
FAX	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	21	E-MAIL		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
					<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 5px;">23</div> <div style="border: 1px solid black; padding: 5px;">SUBMIT</div> </div>

FIG. 7

PERSONAL REGISTRATION DATA

ID NUMBER	1234	~	6		8	
NAME		~	7	GENDER	MALE <input type="radio"/> FEMALE <input type="radio"/>	
HOME ADDRESS						
TELEPHONE NUMBER		~	10	PORTABLE PHONE/PHS		~
FAX		~	12	E-MAIL		~
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> OCCUPATION <input type="radio"/> BUSINESS MAN <input type="radio"/> CIVIL SERVANT <input type="radio"/> HOUSE WIFE <input type="radio"/> STUDENT <input type="radio"/> OTHER <input type="radio"/> </div> <div style="text-align: center;">14</div> </div>						
ORGANIZATION NAME		~	15			
AFFILIATION		~	16	POSITION		~
ADDRESS						
TELEPHONE NUMBER		~	19	PORTABLE PHONE/PHS		~
FAX		~	21	E-MAIL		~
						23 ~
						SUBMIT

FIG. 8

PERSONAL REGISTRATION DATA	
ID NUMBER	1234 ~ 6
NAME	ICHIRO SUZUKI ~ 7 GENDER MALE <input checked="" type="radio"/> FEMALE <input type="radio"/> ~ 8
HOME ADDRESS	1-2-3, ZZZ CHO, X X-KU, YOKOHAMA CITY ~ 9
TELEPHONE NUMBER	045-678-XXXX ~ 10 PORTABLE PHONE/PHS ~ 11
FAX	~ 12 E-MAIL ~ 13
OCCUPATION BUSINESS MAN <input type="radio"/> CIVIL SERVANT <input type="radio"/> HOUSE WIFE <input type="radio"/> STUDENT <input checked="" type="radio"/> OTHER <input type="radio"/> ~ 14	
ORGANIZATION NAME	DEKOBOKO UNIVERSITY ~ 15
AFFILIATION	ABC UNIVERSITY XYZ DEPARTMENT ~ 16 POSITION ~ 17
ADDRESS	4-5, AAA CHO, BBB-KU, TOKYO ~ 18
TELEPHONE NUMBER	030-4567-XXXX ~ 19 PORTABLE PHONE/PHS ~ 20
FAX	030-4567-XXXX ~ 21 E-MAIL ~ 22
23 ~ SUBMIT	

FIG. 9

PERSONAL REGISTRATION DATA	
ID NUMBER	1234 ~ 6
NAME	ICHIRO SUZUKI ~ 7 8 GENDER MALE <input checked="" type="radio"/> FEMALE <input type="radio"/>
HOME ADDRESS	1-2-3, ZZZ CHO, X X-KU, YOKOHAMA CITY ~ 9
TELEPHONE NUMBER	045-678-XXXX ~ 10 PORTABLE PHONE/PHS ~ 11
FAX	~ 12 E-MAIL ~ 13
OCCUPATION BUSINESS MAN <input type="radio"/> CIVIL SERVANT <input type="radio"/> HOUSE WIFE <input type="radio"/> STUDENT <input checked="" type="radio"/> OTHER <input type="radio"/>	
ORGANIZATION NAME	DEKOBOKO UNIVERSITY ~ 15 14
AFFILIATION	ABC UNIVERSITY ~ 16 POSITION ~ 17 XYZ DEPARTMENT
ADDRESS	4-5, AAA CHO, BBB-KU, TOKYO ~ 18
TELEPHONE NUMBER	030-4567-XXXX ~ 19 PORTABLE PHONE/PHS ~ 20
FAX	030-4567-XXXX ~ 21 E-MAIL ~ 22 suzuki@dekoboko.ac.jp
23 ~ SUBMIT	

FIG. 10

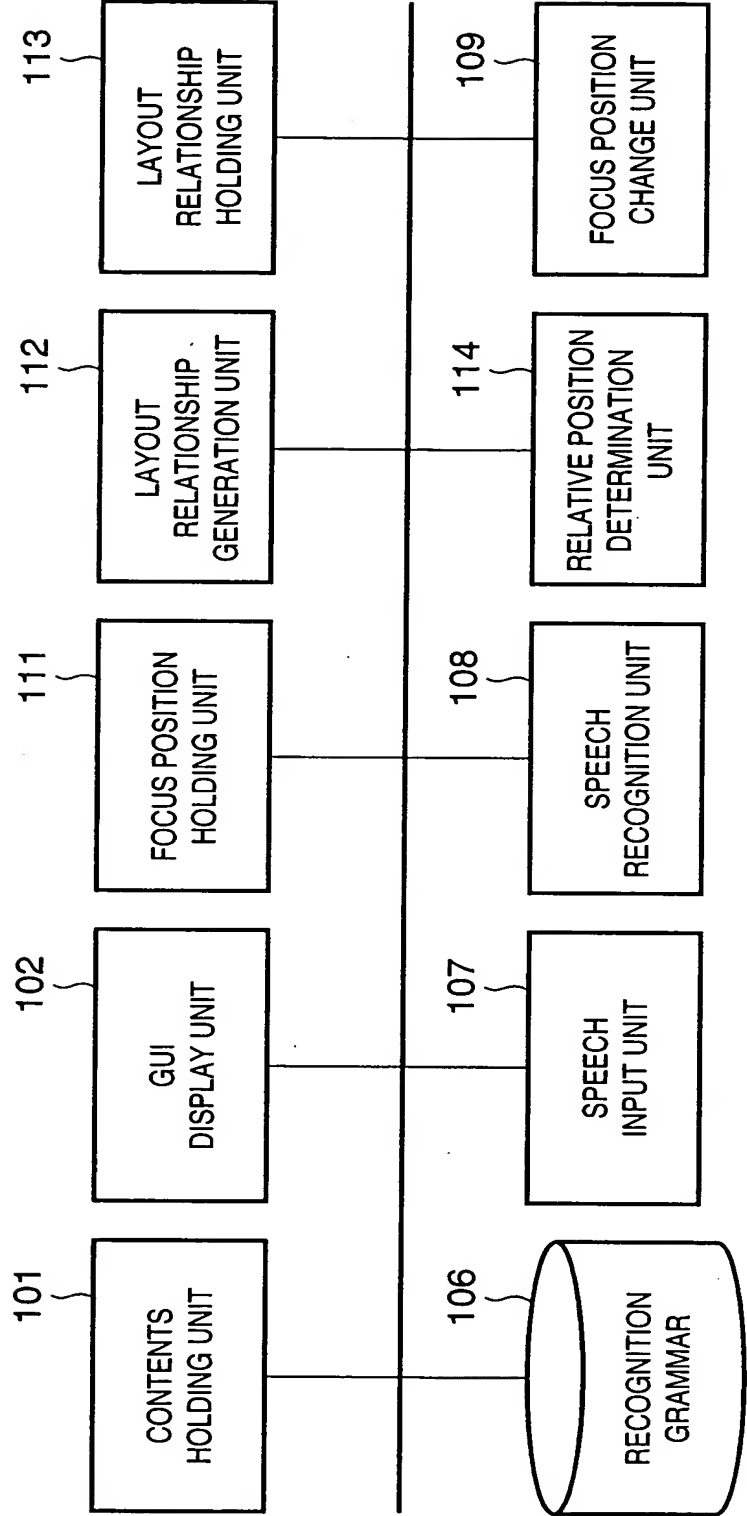


FIG. 11

INPUT FORM NAME	LAYOUT
ID NUMBER	(1, 1)
NAME	(2, 1)
GENDER	(2, 3)
HOME ADDRESS	(3, 1)
TELEPHONE NUMBER	(4, 1)
PORTABLE PHONE/PHS	(4, 2)
FAX	(5, 1)
E-mail	(5, 2)
OCCUPATION	(6, 1)
ORGANIZATION NAME	(7, 1)
AFFILIATION	(8, 1)
POSITION	(8, 2)
ADDRESS	(9, 1)
TELEPHONE NUMBER	(10, 1)
PORTABLE PHONE/PHS	(10, 2)
FAX	(11, 1)
E-mail	(11, 2)

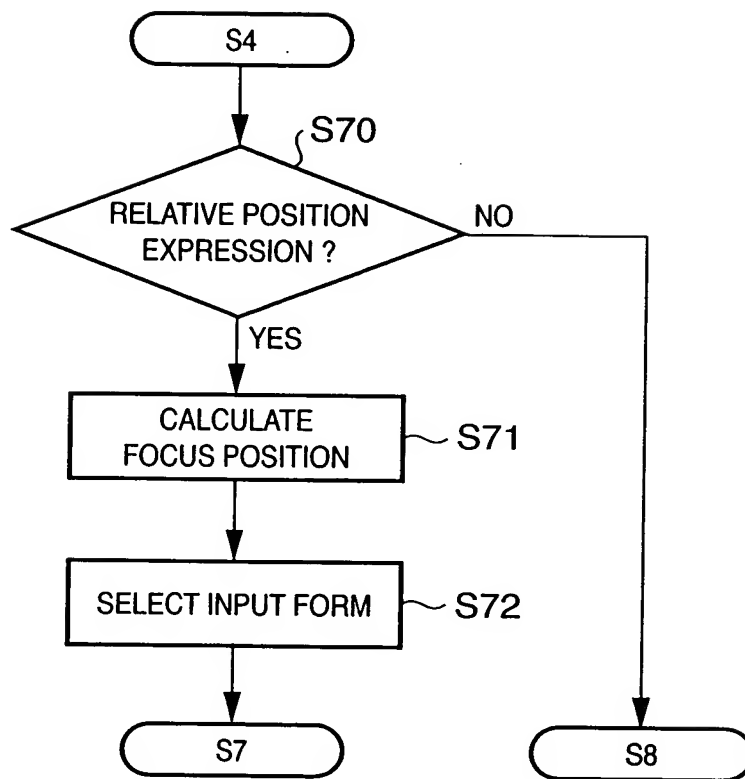
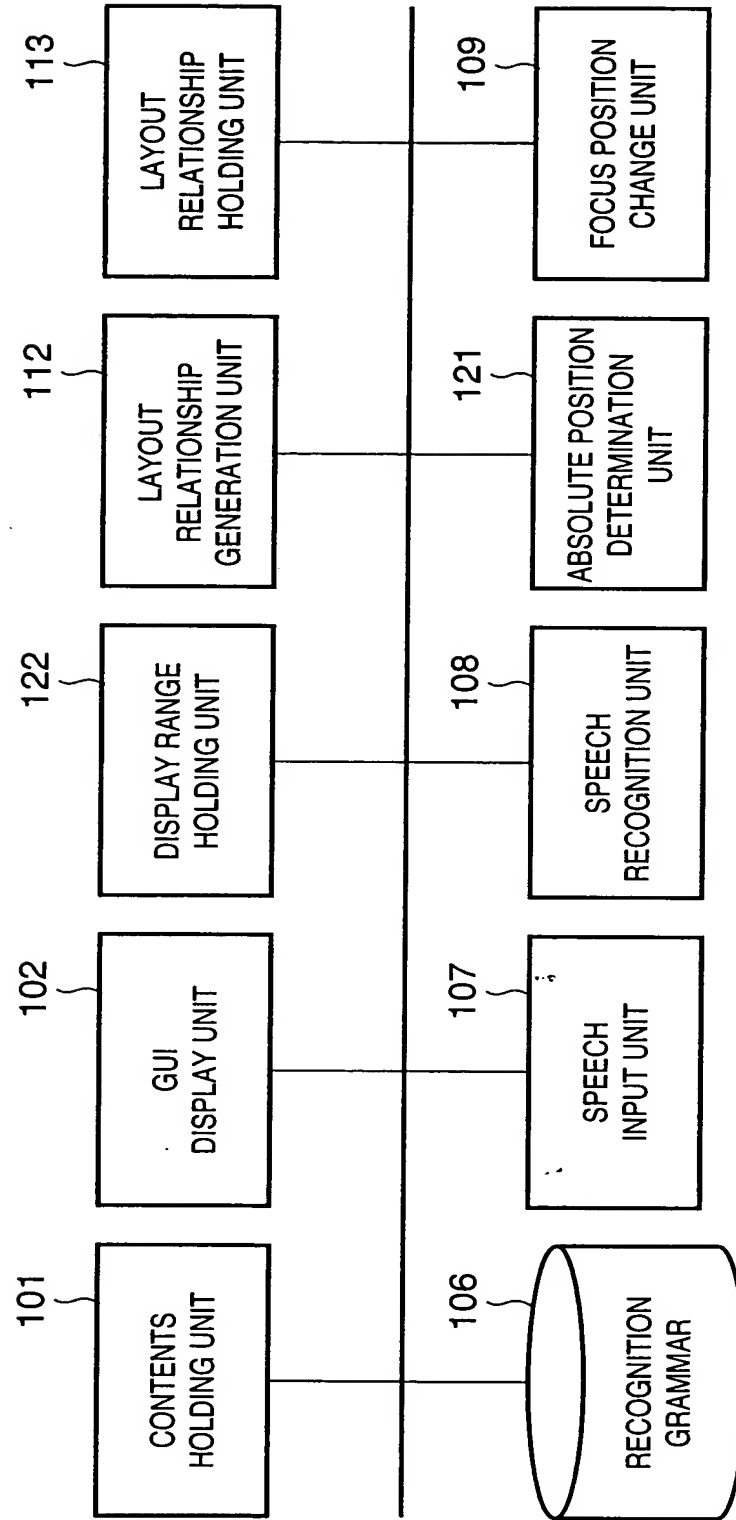
FIG. 12

FIG. 13

PERSONAL REGISTRATION DATA	
ID NUMBER	1234 ~ 6
NAME	ICHIRO SUZUKI ~ 7 8 GENDER MALE <input checked="" type="radio"/> FEMALE <input type="radio"/>
HOME ADDRESS	1-2-3, ZZZ CHO, X X-KU, YOKOHAMA CITY ~ 9
TELEPHONE NUMBER	045-678-XXXX ~ 10 PORTABLE PHONE/PHS ~ 11
FAX	~ 12 E-MAIL ~ 13
OCCUPATION BUSINESS MAN <input type="radio"/> CIVIL SERVANT <input type="radio"/> HOUSE WIFE <input type="radio"/> STUDENT <input checked="" type="radio"/> OTHER <input type="radio"/>	
ORGANIZATION NAME	DEKOBOKO UNIVERSITY ~ 15 14
AFFILIATION	ABC UNIVERSITY XYZ DEPARTMENT ~ 16 POSITION ~ 17
ADDRESS	4-5, AAA CHO, BBB-KU, TOKYO ~ 18
TELEPHONE NUMBER	030-4567-XXXX ~ 19 PORTABLE PHONE/PHS ~ 20
FAX	030-4567-XXXX ~ 21 E-MAIL ~ 22
23 ~ SUBMIT	

FIG. 14



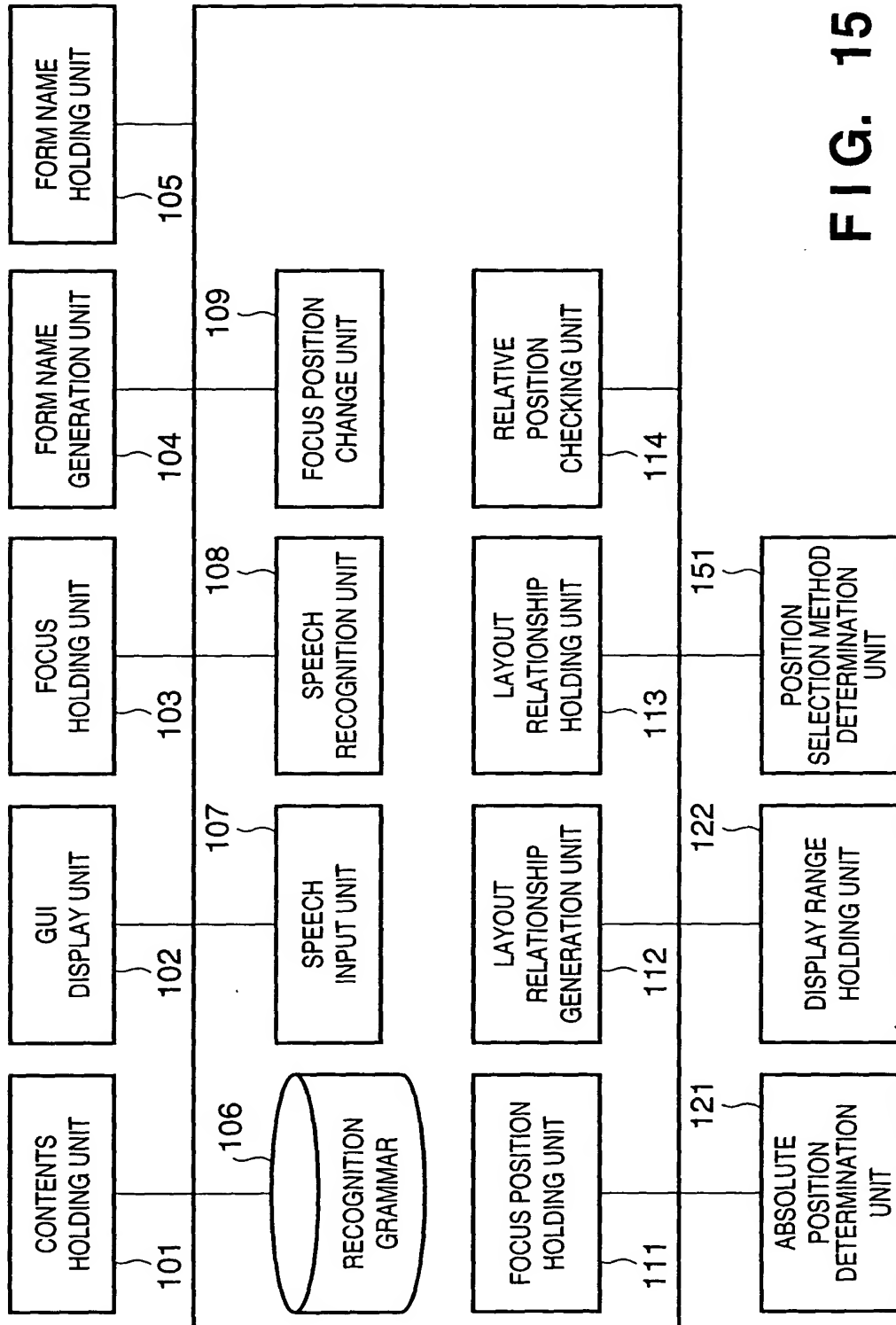


FIG. 15

FIG. 16

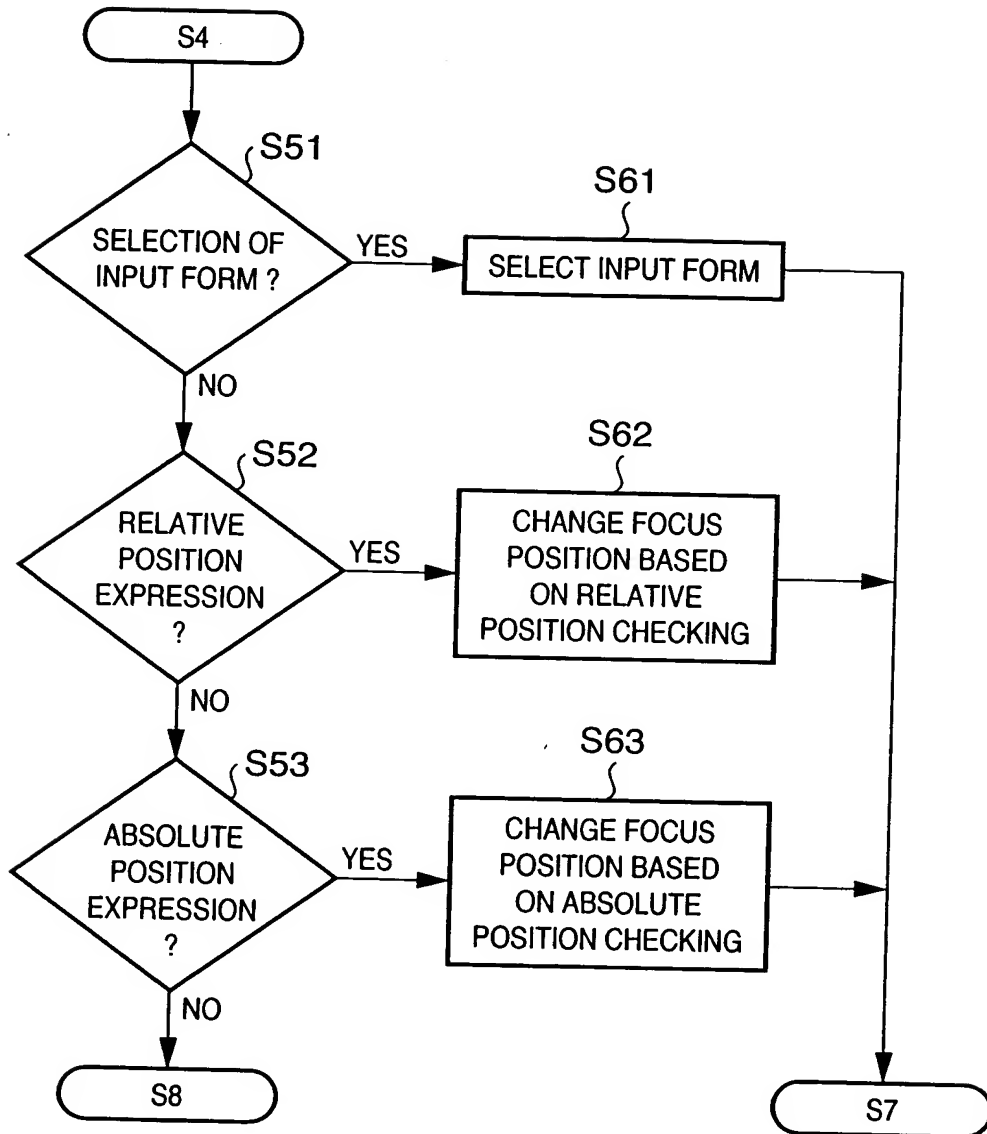


FIG. 17

INPUT FORM NAME	LAYOUT	TYPE OF TAG
ID NUMBER	(1, 1)	input
NAME	(2, 1)	input
GENDER	(2, 2)	radio
HOME ADDRESS	(3, 1)	input
TELEPHONE NUMBER	(4, 1)	input
PORTABLE PHONE/PHS	(4, 2)	input
FAX	(5, 1)	input
E-mail	(5, 2)	input
OCCUPATION	(6, 1)	radio
ORGANIZATION NAME	(7, 1)	input
AFFILIATION	(8, 1)	input
POSITION	(8, 2)	input
ADDRESS	(9, 1)	input
TELEPHONE NUMBER	(10, 1)	input
PORTABLE PHONE/PHS	(10, 2)	input
FAX	(11, 1)	input
E-mail	(11, 2)	input

FIG. 18

```

<html>
<head>
<title> PERSONAL REGISTRATION DATA </title>
</head>
<body>
<SpeechRecog grammer = "command.grm"
    used_tag = "input,radio,a"
>
<center><h2> REGISTRATION OF PERSONAL DATA </h2></center>
<form>
ID NUMBER<input type = "text" name = "id"><br>
. . .
</form>
</body>
</html>

```

SPEECH RECOGNITION TAG